

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16	1		1			
17		1		1		
18		2		1		
19		2		1		
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26	1		1			
27		1		1		
28		1		1		
29		3		1		
30		3		1		
31		1		1		
32	1		1			
33		1		1		
34		1		1		
35		2		1		
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		14		
41		1		14		
42		1		14		
43		1		14		
44		1		14		
45		1		14		
46						
47						
48						
49						
50						
TOTAL IND.		4		4		
TOTAL DEP.		119		119		
TOTAL CLAIMS		123		123		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS